

Payment Documents and Decisions

Civil Action Number: 1:17-CV-02280

Claimant: Joseph S. Fedorchak

Account Number: 211-62-7882

Exhibits

Exhibit No.	Description	Page No.	No. of Pages
1A	T2-Signed by S.Amanullah,PhD/LTedesco MD / Disability Determination Explanation, dated 06/13/2014	150-156	7
2A	T 2 Disability Determination Transmittal, dated 06/13/2014	157	1

DATE: February 15, 2018

The documents and exhibits contained in this administrative record are the best copies obtainable.

Disability Determination Explanation

This Disability Determination Explanation is for the *DIB* claim at the *Initial* level.

CLAIMANT INFORMATION

CLAIMANT INFORMATION

Name: Joseph Stanley Fedorchak

SSN: 211-62-7882

Phone Number: 570-245-5220

Secondary Phone Number

Address:

Mailing	Residence
22 EDGE ROCK DR DRUMS, PA 18222	22 EDGE ROCK DR DRUMS, PA 18222

Claimant Gender: M

Self Reported Height: 72 inches

Self Reported Weight: 195.0 lbs

Special Indications: None.

RELEVANT DATES

Below table represents the Relevant Dates

Date of Birth	Current Age	AOD	Age at AOD	DFI	DLI	Age at DLI
10/01/1966	47 years 8 months (Younger person)	10/03/2013	47 years (Younger person)	10/01/2008	12/31/2017	

Does the individual have an attorney/appointed representative? No

ALLEGATIONS OF IMPAIRMENTS

The individual filed for Initial claim for disability on *02/10/2014* due to the following illnesses, injuries, or conditions:

- extremely high blood pressure
- severe diabetes
- shortness of breath

The individual alleges inability to function and/or work as of 10/03/2013

TECHNICAL ISSUES

Prior Electronic Filings

There are no prior electronic filings.

Alleged Onset Date:

10/03/2013

Has the individual performed work after the Alleged Onset Date(AOD)?

No

Has any period(s) of work been determined to be an Unsuccessful Work Attempt, Subsidized/Sheltered Work or involved Impairment-Related Work Expenses, or other technical issue?

No

EVIDENCE OF RECORD

The following initial evidence has been received

Source of Evidence	IMA PROFESSIONAL SRVCS OF P
EF Received	06/02/2014
Opinion	Yes
Evidence Type	CE Rprt
Level	IN
Opinion	1 of 1
Opinion Source Name	Dr Jay Willner
Opinion Date	05/29/2014
Is the Opinion from an Acceptable Medical Source	Yes
Type of Source Relationship	Non-Treating Source
Type of Opinion	Medical Opinion

Source of Evidence	Claimant
EF Received	05/07/2014
Opinion	No Evidence
Evidence Type	3373-Funct Rprt-Adult
Level	IN

Source of Evidence	WILKES-BARRE VA MEDICAL CEN
EF Received	04/18/2014
Opinion	No
Evidence Type	MER

CLAIM COMMUNICATIONS

No general claim communications have been created.

CONSULTATIVE EXAMINATION(S) (CE)

Is a CE(s) required?

Yes

Select the reason(s) for which a CE(s) is required:

The evidence as a whole, both medical and non-medical, is not sufficient to support a decision on the claim.

Was the treating source(s) contacted to perform the CE(s)?

No

Indicate which of the following apply:

Specific exam needed

FINDINGS OF FACT AND ANALYSIS OF EVIDENCE**Analysis**

Wilkes_Barre VA, reports in file indicate claimant has diagnoses of Diabetes Mellitus, Hypertension, & Major Depressive Disorder. The reports indicate the claimant has had a 302 commitment by family members due to psychotic behavior in 2010.

Dr. Jay Willner, internist consultative examination report of 5/29/14 reveals the claimant has Diabetes Mellitu, Hypertension, retinopathy and peripheral neuroapthy. His gait and station is nrmal. Blood pressure was elevated at 160/100. Consultant examiner notes claimant's mental status was essentially normal. It is also noted the claimant has a flutter in his chest consistent with atrial fibrillation. The claimant admits to shortness of breath on exertion. Lungs clear on exam. No joint deformity is noted however the claimant range of motion of the shoulders is restricted.

416 - CASE ANALYSES

No 416-Case Analyses have been associated with this claim.

**MEDICALLY DETERMINABLE IMPAIRMENTS AND SEVERITY
(MDI)****ADULT MEDICALLY DETERMINABLE IMPAIRMENTS (MDI)**

Does the individual have one or more medically determinable impairments?

Yes

IMPAIRMENT DIAGNOSIS**PRIORITY****SEVERITY**

4010 - Essential Hypertension

Primary

Severe

2960 - Affective Disorders

Secondary

Non Severe

PSYCHIATRIC REVIEW TECHNIQUE (PRT)**PRT1**

Indicate whether this Psychiatric Review Technique (PRT) assessment is for:

Current Evaluation

'A' CRITERIA OF THE LISTINGS

12.04-Affective Disorders

A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above

'B' CRITERIA OF THE LISTINGS

12.04-Affective Disorders

Restriction of Activities of Daily Living: Mild

Difficulties in Maintaining Social Functioning: Mild

Difficulties in Maintaining Concentration, Persistence or Pace: Mild

Repeated Episodes of Decompensation, Each of Extended Duration: None

'C' CRITERIA OF THE LISTINGS

You have indicated that the individual has either an organic mental, schizophrenic, etc., or affective disorder(s) and that the requirements in paragraph "B" of the appropriate Listing are not satisfied. Address the "C" criteria of the Listings below:

Evidence does not establish the presence of the "C" criteria

PRT - ADDITIONAL EXPLANATION

The medical evidence establishes a diagnosis of depression, by history. Claimant has not had any recent hospitalizations. Claimant does not participate in any treatment. Current MSE indicates Claimant is oriented, clean, cooperative, without hallucinations/delusions or suicidal intent. There is no evidence of significant memory impairment. Claimant's ADL's are generally functional from a mental standpoint. Claimant did not allege mental limitations and therefore credibility is not assessed. There is no current MSO/TSO in file. Psychological impairment is minimal.

These findings complete the medical portion of the disability determination.

MC/PC or SDM Signature

Soraya Amanullah, Ph.D (38) 06/13/2014

ADULT LISTINGS CONSIDERED

<u>Listing</u>	<u>Description</u>	<u>Subsection</u>	<u>PRT Assessment</u>
12.04	Affective Disorders		PRT 1

ADULT MEDICAL DISPOSITION

RFC Assessment Necessary (Physical and/or Mental)

ASSESSMENT OF POLICY ISSUES

SYMPTOMS AND CREDIBILITY

Can one or more of the individual's medically determinable impairment(s) (MDI(s)) reasonably be expected to produce the individual's pain or other symptoms?

Yes

Are the individual's statements about the intensity, persistence, and functionally limiting effects of the symptoms substantiated by the objective medical evidence alone?

No

When considering the following factors, which were the most informative in assessing the credibility of the individual's statements?

Medication Treatment

What is your assessment of the credibility of the individual's statements regarding symptoms considering the total medical and non-medical evidence in file?

Partially Credible

Credibility assessment:

The claimant participates in daily activities such as caring for his personal needs and performing routine household chores. He also relates well to others. He is on medications for his hypertension.

WEIGHING OF OPINION EVIDENCE

The following displays medical opinions from non-treating or non-examining sources; it also contains 'other' opinions from treating, non-treating, non-examining or other sources:

Source of Evidence	Opinion Source Name	Level	Opinion Date	Weight
IMA PROFESSIONAL SRVCS OF P	Dr Jay Willner	Initial	05/29/2014	

RESIDUAL FUNCTIONAL CAPACITY

PHYSICAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT

RFC1

Indicate whether this Physical Residual Functional Capacity (RFC) assessment is for:

Current Evaluation

Does the individual have exertional limitations?

Yes

Rate the individual's exertional limitations:

Occasionally (occasionally is cumulatively 1/3 or less of an 8 hour day) lift and/or carry (including upward pulling):

50 pounds

Frequently (frequently is cumulatively more than 1/3 up to 2/3 of an 8 hour day) lift and/or carry (including upward pulling):

25 pounds

Stand and/or walk (with normal breaks) for a total of:

About 6 hours in an 8-hour workday

Sit (with normal breaks) for a total of:

About 6 hours in an 8-hour workday

Explain exertional limitations and how and why the evidence supports your conclusions. Cite specific facts upon which your conclusions are based:

SOB, Borderline Systolic LV Function, DM, NPDR;

Does the individual have postural limitations?

No

Does the individual have manipulative limitations?

No

Does the individual have visual limitations?

No

Does the individual have communicative limitations?

No

Does the individual have environmental limitations?

No

RFC – Additional Explanation

3367 F notes no physical difficulties; 3373 notes SOB carrying heavy objects; + DM, HTN; Activities include driving, doing indoor & outdoor chores, car & truck repairs; No AD use is noted; 3373 is detailed & elegantly completed by the claimant; Pain Q notes no analgesics; CE PE shows P 78, BP 160/100, nl gait, full squat, RRR, nl heart/lungs/abd; 2010 ECHO shows LVEF 50%, mild TRm mild anteroseptal hypokinesis; 8/12/13 VA 20/20 each OD & OS; + Mod NPDR; 4/17/13 TP encounter notes myocardial img shows low likelihood of CAD; 3373 is current; Claimant is partially credible; Nontreating provider MSS by Willner, M.D. opines no physical limitations; The opinion is an underestimate of limitations and not supported by other evidence; Appropriate wgt;

MC/PC or SDM Signature

Louis Tedesco MD (12) 06/13/2014

ASSESSMENT OF POLICY ISSUES – CONTINUED

RECONCILING OF SOURCE OPINION

This section has not been completed for this claim.

ASSESSMENT OF VOCATIONAL FACTORS

ASSESSMENT OF THE INDIVIDUAL'S ABILITY TO PERFORM PAST RELEVANT WORK

Past Relevant Work:

Job Title:	electrician/maintenance
Start Date:	1992
End Date:	2013

Does the individual have any past relevant work (PRW)?

Yes

This RFC assessment, based on all of the relevant evidence, is a function-by-function evaluation of the individual's exertional and non-exertional capabilities which are required to perform work activities. **155**

Does the individual have the RFC to perform PRW?

Yes

PRW can be performed as:

Actually Performed

The evidence shows that the individual has some limitations in the performance of certain work activities; however, these limitations would not prevent the individual from performing past relevant work as a/an electrician/maintenance

APPLICATION OF MEDICAL - VOCATIONAL RULES: Other Work

This section has not been completed for this claim.

DETERMINATION

Based on the documented findings, select the determination:

Not Disabled

Is there medical evidence of DAA?

There is no evidence of any substance abuse disorder /DAA issue

DIB Claim/228530351

Indicate which of the following Acquiescence Rulings are applicable

None of the ARs considered apply to this claim

REGULATION BASIS CODE (RBC)

Regulation Basis Code:

H1-20CFR404.1520(f)-DIB CLAIM

PERSONALIZED DISABILITY EXPLANATION (PDE)

PDE Text:

See CAPA PDN

SIGNATURES

ADULT MC/PC or SDM Signature

Louis Tedesco MD (12) 06/13/2014

Disability Adjudicator/Examiner Signature:

R Standarowski 06/13/2014

eCAT version: 8.2.1

RES

BDLNH2

SOCIAL SECURITY ADMINISTRATION

DISABILITY DETERMINATION AND TRANSMITTAL

1. DESTINATION DDS <input checked="" type="checkbox"/> ODO <input type="checkbox"/> DRS <input type="checkbox"/> DQB <input type="checkbox"/> INTPSC <input type="checkbox"/>		2. DDS CODE S66	3. FILING DATE 02/10/14	4. SSN 211-62-7882	BIC (if CDB or DWB claim)
5. NAME AND ADDRESS OF CLAIMANT (include ZIP code) JOSEPH STANLEY FEDORCHAK 22 EDGE ROCK DR DRUMS PA 18222 (570) 245-5220				6. WE'S NAME (if CDB or DWB claim)	
				7. TYPE CLAIM (Title II) DIB <input checked="" type="checkbox"/> FZ <input type="checkbox"/> DWB <input type="checkbox"/> CDB-R <input type="checkbox"/> CDB-D <input type="checkbox"/> RD-R <input type="checkbox"/> RD-D <input type="checkbox"/> RD <input type="checkbox"/> P-R <input type="checkbox"/> P-D <input type="checkbox"/> MQFE <input type="checkbox"/>	
9. DATE OF BIRTH 10/01/66	10. PRIOR ACTION PD <input type="checkbox"/> PT <input type="checkbox"/>		8. TYPE CLAIM (Title XVI) DI <input type="checkbox"/> DS <input type="checkbox"/> DC <input type="checkbox"/> BI <input type="checkbox"/> BS <input type="checkbox"/> BC <input type="checkbox"/>		
12. DISTRICT-BRANCH OFFICE ADDRESS (include ZIP code) 88 S LAUREL ST HAZLETON PA 18201-9965 (866) 388-9878			DO-BO CODE 206	11. REMARKS RECEIPTED 04/09/14 AOD 10/03/13 hac	
13. DO-BO REPRESENTATIVE			14. DATE	11A. PRESUMPTIVE <input type="checkbox"/> DISABILITY 11B. <input type="checkbox"/> IMPAIRMENT	

DETERMINATION PURSUANT TO THE SOCIAL SECURITY ACT, AS AMENDED

15. CLAIMANT DISABLED A. <input type="checkbox"/> Disability Began B. <input type="checkbox"/> Disability Ceased		16A. PRIMARY DIAGNOSIS Essential Hypertension		BODY SYS 04	CODE NO 4010	16B. SECONDARY DIAGNOSIS Affective/Mood Disorders	CODE NO 2960
17. DIARY TYPE	MO./YR.	REASON					
18. CASE OF BLINDNESS AS DEFINED IN SEC. 1614(a)(2)(216)(I) A. <input type="checkbox"/> Not Disab. for Cash Bene. Purp. B. <input type="checkbox"/> Disab. for Cash Benefit Purp. Beg.			19. CLAIMANT NOT DISABLED A. <input checked="" type="checkbox"/> Through Date of Current Determination B. <input type="checkbox"/> Through C. <input type="checkbox"/> Before Age 22 (CDB only)				
20. VOCATIONAL BACKGROUND 082-036		OCC. YRS. 21	ED. YRS. 14	21. VR ACTION	SC IN A. <input type="checkbox"/>	SC OUT B. <input type="checkbox"/>	Prev Ref C. <input type="checkbox"/>
22. REG-BASIS CODE H1-	23. MED LIST NO.	24. MOB CODE	25. REVISED DET <input type="checkbox"/>	25A. Initial A. <input checked="" type="checkbox"/>	Recon B. <input type="checkbox"/>	Recon DHU C. <input type="checkbox"/>	ALJ Hearing D. <input type="checkbox"/>
26. LIST NO ▶	A.	B.	C.	D. 363	E.	F.	
27. RATIONALE <input type="checkbox"/> See Attached SSA-4268-U4/C4. <input type="checkbox"/> Check if Vocational Rule Met. Cite Rule ▶							

28. A. <input type="checkbox"/> Period of Disability B. <input type="checkbox"/> Disability Period C. <input type="checkbox"/> Etab. Beg. D. <input type="checkbox"/> Continues E. <input type="checkbox"/> Term				
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29. LTR/PR NO. DDS/DL PN	30. DISABILITY EXAMINER-DDS R Standarowski	31. DATE 06/13/14	32. PHYSICIAN OR MEDICAL SPEC. SIGNATURE See eCAT DDE dated 2014-06-13	33. DATE
32A. PHYSICIAN OR MEDICAL SPEC. NAME (Stamp, Print or Type) Louis J Tedesco MD				32B. SPEC. CODE 12
34. REMARKS DMA CLAIM Disability Redesign Prototype Case			MULTIPLE IMPAIRMENTS CONSIDERED	
			34A. COMBINED MULTIPLE NONSEVERE-SEVERE	
			34B. COMBINED MULTIPLE NONSEVERE-NONSEVERE	
35. BASIS CODE	36. REV. DET. CODES	37. REPRESENTATIVE	SSA CODES	38. DATE

